



WITH YOU ALWAYS

MEDISENIOR

UIN: IRDA/NL-HLT/TAGI/P-H/V.I/98/13-14

POLICY WORDINGS

Tata AIG General Insurance Co. Ltd.

Registered Office:

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IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal and Declaration Form filled and signed by the Policyholder, which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the requisite premium when due, and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits upto the Sum Insured set in the Policy Schedule subject to the terms and conditions contained in this policy.

This Policy will only be in force if the Policy Schedule is signed by a person We have authorized.

Section 1 - Benefits

Our maximum liability for a continuous period of Illness, including relapses within 45 days from the last date of discharge from the Hospital or nursing home where treatment has been taken, shall be limited to the amount mentioned in the Schedule of Benefits. Occurrence of the same Illness after a lapse of 45 days as stated above will be considered as fresh Illness for the purpose of this Policy.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will pay:

a) In-patient Treatment

The Medical Expenses for:

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) Medical Practitioner(s),
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,
- viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

b) Pre-Hospitalisation

The Medical Expenses incurred in the 30 days immediately before the Insured Person was Hospitalised, provided that:

- i) Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

c) Post-hospitalisation

The Medical Expenses incurred in the 60 days immediately after the Insured Person was discharged post Hospitalisation provided that:

- i) Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

d) Day Care Procedures

The Medical Expenses for a day care procedure mentioned in the list of 140 Day Care Procedures in this Policy where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not the outpatient department of a Hospital or standalone day care centre.

e) Domiciliary Treatment

The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

- i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and
- ii) If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-hospitalisation expenses for up to 30 days in accordance with b) above, and
- iii) No payment will be made if the condition for which the Insured Person requires medical treatment is:
 - (1) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
 - (2) Arthritis, Gout and Rheumatism,
 - (3) Chronic Nephritis and Nephritic Syndrome,
 - (4) Diarrhoea and all type of Dysenteries including Gastroenteritis,
 - (5) Diabetes Mellitus and Insupidus,
 - (6) Epilepsy,
 - (7) Hypertension,
 - (8) Psychiatric or Psychosomatic Disorders of all kinds,
 - (9) Pyrexia of unknown Origin.

f) Organ Donor

The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that:

- i) The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured Person, and
- ii) We will not pay the donor's pre- and post-hospitalisation expenses or any other medical treatment for the donor consequent on the harvesting, and
- iii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

g) Emergency Ambulance

We will reimburse the expenses incurred on an ambulance offered by a registered healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency, provided that:

- i) Our maximum liability shall be restricted to actual expenses incurred or Rs. 2,000 whichever is lower , per Hospitalisation, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a) or 1d).
- iii) The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that that transportation has been prescribed by a Medical Practitioner and is medically necessary.

Section 2- Renewal Benefits:

No Claim Discount - A 5% non cumulative discount will be offered on the premium payable at each renewal under the Policy after every

CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break.

B. Discounts:

- Family Discount of 5% if 2 family members are covered under MediSenior policy.
- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.

Section 3 - Special terms and conditions

A. Co-Payment applicable on accommodation Type

Accommodation Type (Except for Day Care Procedures)	Co-Payment (Percentage to be borne by the Insured Person as a percentage of the admissible claim amount)
Shared Accommodation or any lower accommodation type	15%
Single occupancy or any higher accommodation type	30%

Note – A Co-payment of 15% shall be applicable to all Day Care Procedures;

B. Co-Payment applicable on specified Illnesses/surgeries

If a claim has been admitted under Section I in respect of any of the following Illnesses/Surgeries then, the insured person shall bear 30% of the claim amount payable under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

S.No.	Illnesses/Surgeries
i.	Cataract (each eye)
ii.	Hysterectomy
iii.	Cholecystectomy
iv.	Transurethral resection of the prostate (TURP)/ Benign prostate surgery
v.	Surgery of Hemia
vi.	Angiography (CT Angiogram excluded)
vii.	Arthroscopy
viii.	PID-Discectomy
ix.	Mastectomy
x.	Joint Replacement
xi.	PTCA (Angioplasty)
xii.	Hydrocele
xiii.	Major Organ Transplant
xiv.	CABG

Note – If We admit a claim under Section 3 B then, no Co-Payment shall be applicable under Section 3 A for the same claim i.e at any given point of time , no two different Co-payment will be applied for a single claim.

C. Waiting Period

a. We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

30 days waiting Period

- b. A waiting period of 30 days will apply to all claims unless:
- i) The Insured Person has been insured under an MediSenior Policy continuously and without any break in the previous Policy Year, or

- ii) The Insured Person was insured continuously and without interruption for at least 1 year under any retail health insurance policy of an Indian non life insurance company
- iii) If the Insured person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured upon renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Specific Waiting Periods

- a. The Illnesses and treatments whether medical or surgical listed below , except claims payable due to the occurrence of cancer, will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an MediSenior Policy continuously and without any break:

Sl. No.	Organ / Organ System/ Disciplines	Illness	Surgeries
a	ENT	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Nasal concha resection
b	Gynaecological	<ul style="list-style-type: none"> • Cysts, polyps including breast lumps • Polycystic ovarian disease • Fibroids (fibromyoma) 	<ul style="list-style-type: none"> • Dilatation and curettage (D&C) • Myomectomy for fibroids • Hysterectomy for Dysfunctional uterine bleeding or menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy.
c	Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> • Surgery for prolapsed inter vertebral disk • Joint replacement surgeries
d	Gastrointestinal	<ul style="list-style-type: none"> • Calculus diseases of gall bladder including Cholecystitis • Pancreatitis • Fissure/fistula in anus, hemorrhoids, pilonidal sinus 	<ul style="list-style-type: none"> • Cholecystectomy • Surgery of hernia

		<ul style="list-style-type: none"> • Ulcer and erosion of stomach and duodenum • Gastro Esophageal Reflux Disorder (GERD) • All forms of cirrhosis • (Please Note: All forms of cirrhosis due to alcohol will be excluded) • Perineal Abscesses • Perianal Abscesses 	
e	Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone, Ureteric stone • Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele
f	Eye	<ul style="list-style-type: none"> • Cataract 	<ul style="list-style-type: none"> • NIL
g	Others	<ul style="list-style-type: none"> • NIL 	<ul style="list-style-type: none"> • Surgery of varicose veins and varicose ulcers
h	General (Applicable to all organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> • Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> • NIL

In such cases, Section 3 d. of the Policy stands deleted and shall be replaced entirely with the following:

- i) The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous retail health insurance policy;
AND
 - ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous retail health insurance policy.
1. The reduction in the waiting period specified above shall be applied subject to the following:
 - i. We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian non life insurance company (if applicable);
 - ii. We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation
 - iii. We shall consider the total period the insured has been with the previous insurer for waiver of waiting periods which would also include extension in policy period if any sought during or for the purpose of porting insurance policy .In all such cases the date of commencement of risk would be the next day of expiry of existing policy including extension period, wherever relevant.

Exclusions

- e. We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
 - i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
 - iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
 - iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
 - v) Treatment of Obesity and any weight control program.
 - vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases (known /unknown), defects or anomalies; genetic disorders;

- i. However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any retail health insurance policy of an Indian non life insurance company.
- ii. If the Insured person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured upon renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

d. Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first retail health insurance policy with the Indian non life Insurer

- stem cell therapy or surgery; or growth hormone therapy; sleep-apnoea.
- vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
 - viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1) a) only.
 - ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
 - x) Dental treatment and surgery of any kind, other than accident and requiring Hospitalisation
 - xi) Expenses for donor screening, or, save as and to the extent provided for in 1)f), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
 - xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
 - xiii) circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
 - xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
 - xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens; measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
 - xvi) Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
 - xvii) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
 - xviii) Any non allopathic treatment.
 - xix) All preventive care, vaccination including inoculation and immunisations unless certified to be required by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim; any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
 - xx) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
 - xxi) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
 - xxii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
 - xxiii) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
 - xxiv) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
 - xxv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
 - xxvi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured as per Our underwriting guidelines.
 - xxvii) Non medical expenses as per Annexure II

Section 4 - General Conditions

a. Conditions to be followed

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.

b. Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India.

c. Insured Person

Only those persons named as Insured Persons in the Schedule shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

There is no maximum cover ceasing age under this Policy.

d. Loadings

We may apply a risk loading on the premium payable (based on the declarations made in the proposal form and the health status of the persons proposed for insurance) at the Commencement Date or on any renewal of the Policy with Us or on the receipt of a request for enhancing the Sum Insured. The maximum risk loading applicable for an individual will not exceed 100% per diagnosis / medical condition and an overall risk loading of 150% per individual. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us. The loading shall only be applied basis an outcome of our medical underwriting

We will send You the applicable risk loading in writing. You shall give Us Your consent and the additional premium (if any), within 15 days of the issuance of Our letter. If You neither accept Our letter nor revert to Us within 15 days, We will cancel Your application and refund the premium paid without interest within next 7 days subject to deduction of the Pre-Policy Check-up charges, as applicable.

We will not apply any additional loading on your policy premium at renewal based on claim experience.

Please note that We will issue Policy only after getting Your consent.

e. Notification of Claim

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
2	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.

Cashless Service

Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full
			h)

				particulars:
1)	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital	At least 48 hours before the planned treatment or Hospitalisation
2)	If any treatment, consultation or procedure for which a claim may be made is to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

f. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf will provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or either of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii) Original bills with detailed breakup of charges(including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- iii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- iv) A precise diagnosis of the treatment for which a claim is made.
- v) A detailed list of the individual medical services and treatments provided and a unit price for each.
- vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.

The Insured Person shall have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the insured person.

Claims Payment

We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has

requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

- i) "We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted"
- j) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- k) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- l) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

Fraud

- m) If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

Other Insurance

- n) If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy, the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause stated in section 5 – Interpretations & Definitions. This clause shall only apply to indemnity sections of the policy.

Subrogation

- o) You and/or any Insured Persons shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before

or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You. This Clause is only applicable to indemnity sections.

Alterations to the Policy

- p) This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

Renewal

- q) All applications for renewal must be received by Us before the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms for life unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard. Grace Period of 30 days for renewing the Policy is provided under this Policy. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition for the renewed and subsequent policy period.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from IRDA. Your premium will also change if you move into a higher age group, opt for a higher sum insured, change the term or change the plan

Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Change of Policyholder

- r) The change of Policyholder (except clause w) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition r) above.

Notices

- s) Any notice, direction or instruction under this Policy shall be in writing and if it is to:
 - i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy and You shall act for all Insured Persons for these purposes.
 - ii) Us, it shall be delivered to Our address specified in the Schedule to this Policy. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

Dispute Resolution Clause

- t) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

Termination

- u) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium

Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

- v) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy. In the event of termination of this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured or If you terminate the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 30 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.
- w) The coverage for the Insured Person shall automatically terminate if:
 - i) You are no longer a resident of India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition r) above. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the Application.
 - ii) In relation to an Insured Person, if that Insured Person dies or is no longer a resident of India.
- x) **Free Look Period-** You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.
- y) **Option to Migrate** We will offer the Insured Person an option to migrate to similar indemnity health insurance Policy with Us provided that:
 - i) Insured Person has been insured with Us.
 - ii) This option for migration to similar Indemnity health insurance policy shall be exercised by the Insured Person only at the time of renewal only.
 - iii) Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.
- z) In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDAI.

Section 5 - Interpretations & Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external and visible means.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Any one illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken
- Def. 4. **Cashless facility** means a facility extended by the insurer to the insured where the payments, o f the costs o f treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 6. **Co-Payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs. A Co-Payment does not reduce Sum Insured.
- Def. 7. **Condition Precedent** shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.
- Def. 8. **Congenital Anomaly** - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - 8a. Internal Congenital Anomaly - which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly
 - 8b. External Congenital Anomaly- which is in the visible and accessible parts of the body is called External Congenital Anomaly.
- Def. 9. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
- Def. 10. **Day Care centre** means any institution established for day care treatment of sickness and / or injuries or a medical set - up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out- maintains daily records of patients and will make

- these accessible to the Insurance company's authorized personnel.
- Def. 11. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 12. **Day Care Treatment** means medical treatment, and/or surgical procedure which is
- i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement
 - ii. which would have otherwise required a hospitalization of more than 24 hours, treatment normally taken on an out-patient basis is not included in the scope of this definition
- Def. 13. **Domiciliary Hospitalisation** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital or,
 - the patient takes treatment at home on account of non availability of room in a hospital.
- Def. 14. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 15. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 16. **Hospital** means any institution in India established for In-patient Care and Day Care Treatment of sickness and/or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:
- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 17. **Hospitalisation.** means admission in a Hospital for a minimum period of 24 In Patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period less than 24 consecutive hours
- Def. 18. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment..
- (a) Acute Condition – Acute condition is a medical condition that can be cured by treatment
 - (b) Chronic Condition -A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back
- Def. 19. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 20. **Insured Person** means You and the persons named in the Schedule with age 61 years and above.
- Def. 21. **IRDAI** - means Insurance Regulatory Development Authority of India.
- Def. 22. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 23. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 24. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 25. **Medical Advice** means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 26. **Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license. Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.

- Def. 27. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 28. **Network Provider** means. Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- Def. 29. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- Def. 30. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def. 31. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 32. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 33. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 34. **Portability** means the right accorded to an individual health insurance Policyholder (including family cover) to transfer the credit gained by the insured for Pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
- Def. 35. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- Def. 36. **Pre Hospitalisation** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 37. **Post Hospitalisation** means Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that :
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 38. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- Def. 39. **Reasonable Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services by comparable providers, taking into account the nature of illness/ injury involved.
- Def. 40. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- Def. 41. **Room Rent shall** mean the amount charged by the hospital for the deductibles occupying of a bed and associated medical expenses
- Def. 42. **Subrogation** means the right o f the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 43. **Shared or any lower accommodation type** means a Hospital room with two or more patient beds.
- Def. 44. **Single occupancy or any higher accommodation type** means a Hospital room with only one patient bed.
- Def. 45. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during each Policy Year.
- Def. 46. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 47. **TPA** means the duly licensed third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 48. **Waiting Period** means a period as given in the policy schedule which is calculated from the policy effective date. Any Claim due to or arising out off signs or the symptoms of the disease and / or condition which has occurred and / or manifested during the Waiting Period shall be excluded from coverage for the entire policy period including renewals.
- Def. 49. **We/Our/Us** means the TATA AIG General Insurance Company Limited.
- Def. 50. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section 6 - Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact our duly licensed TPA through:

- Website : www.fhpl.net
- Email : info@fhpl.net
- : seniorcitizensdesk@fhpl.net (for Senior Citizens)
- Toll Free : 1800-425-4033

- : 040- 23552899 (for Senior Citizens)
- Fax : +91-40-23541400
- Courier : Claims Department,
Family Health Plan Insurance TPA Ltd,
Srinilaya – Cyber Spazio Suite # 101,102,109 &
110, Ground Floor, Road No. 2, Banjara Hills,
Hyderabad-500 034
- Any change in TPA by Us shall be communicated to You 30 days before such effect of change
- Details of Network Providers are available on website.

Grievance Lodgment Stage

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through below channels:

Call us 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen)

Email us at customersupport@tataaig.com

Write to us at : Customer Support, Tata AIG General Insurance Company Limited

A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097

Visit the Servicing Branch mentioned in the policy document

Nodal Officer

Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt of your complaint.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head-Customer Services at head.customerservices@tataaig.com. After examining the matter, we will send you our response within a period of 7 days from the date of receipt of your complaint. Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA of India under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

INSURANCE OMBUDSMAN CENTRES

Office of the Ombudsman	Address and Contact Details	Jurisdiction of Office Union
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		Territory, District
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/ 02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652048/ 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201/ 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubneshwar - 751 009. Tel.: 0674 -2596461/ 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.: 0172 -2706196/ 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai- 600 018. Tel.: 044-24333668 /24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which, are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239633/ 23237532	Delhi

PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Flr, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune-411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty

Grievance Redressal Procedure:

As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation. 2017.

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

SCHEDULE OF BENEFITS

Benefits	Sum Insured
Sum Insured per Insured Person per Policy Year	Rs 200, 000 ; Rs 300, 000 ; Rs 500, 000
a) In-patient Treatment	Covered; Hospitalization for minimum 24 hours required.
b) Pre-hospitalization	Covered, maximum upto 30 days
c) Post-hospitalization	Covered, maximum upto 60 days
d) Day Care Procedures	Covered
e) Organ Donor	Covered
f) Emergency Ambulance	Upto Rs. 2000 per Hospitalisation.
g) Domiciliary Treatment	Covered

Annexure I: Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy

67. Other operations in the mouth

Operations on the tonsils & adenoids

- 68. Transoral incision and drainage of a pharyngeal abscess
- 69. Tonsillectomy without adenoidectomy
- 70. Tonsillectomy with adenoidectomy
- 71. Excision and destruction of a lingual tonsil
- 72. Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

- 73. Incision on bone, septic and aseptic
- 74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
- 75. Suture and other operations on tendons and tendon sheath
- 76. Reduction of dislocation under GA
- 77. Arthroscopic knee aspiration

Operations on the breast

- 78. Incision of the breast
- 79. Operations on the nipple

Operations on the digestive tract

- 80. Incision and excision of tissue in the perianal region
- 81. Surgical treatment of anal fistulas
- 82. Surgical treatment of haemorrhoids
- 83. Division of the anal sphincter (sphincterotomy)
- 84. Other operations on the anus
- 85. Ultrasound guided aspirations
- 86. Sclerotherapy etc.

Operations on the female sexual organs

- 87. Incision of the ovary
- 88. Insufflation of the Fallopian tubes
- 89. Other operations on the Fallopian tube
- 90. Dilatation of the cervical canal
- 91. Conisation of the uterine cervix
- 92. Other operations on the uterine cervix
- 93. Incision of the uterus (hysterotomy)
- 94. Therapeutic curettage
- 95. Culdotomy
- 96. Incision of the vagina
- 97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 98. Incision of the vulva
- 99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

- 100. Incision of the prostate
- 101. Transurethral excision and destruction of prostate tissue
- 102. Transurethral and percutaneous destruction of prostate tissue
- 103. Open surgical excision and destruction of prostate tissue
- 104. Radical prostatovesiculectomy
- 105. Other excision and destruction of prostate tissue
- 106. Operations on the seminal vesicles
- 107. Incision and excision of periprostatic tissue
- 108. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

- 109. Incision of the scrotum and tunica vaginalis testis
- 110. Operation on a testicular hydrocele
- 111. Excision and destruction of diseased scrotal tissue
- 112. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 113. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

- 114. Incision of the testes
- 115. Excision and destruction of diseased tissue of the testes
- 116. Unilateral orchidectomy
- 117. Bilateral orchidectomy
- 118. Orchidopexy
- 119. Abdominal exploration in cryptorchidism
- 120. Surgical repositioning of an abdominal testis
- 121. Reconstruction of the testis
- 122. Implantation, exchange and removal of a testicular prosthesis
- 123. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

- 124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 125. Excision in the area of the epididymis
- 126. Epididymectomy
- 127. Reconstruction of the spermatic cord
- 128. Reconstruction of the ductus deferens and epididymis
- 129. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

- 130. Operations on the foreskin
- 131. Local excision and destruction of diseased tissue of the penis
- 132. Amputation of the penis
- 133. Plastic reconstruction of the penis
- 134. Other operations on the penis

Operations on the urinary system

- 135. Cystoscopic removal of stones

Other Operations

- 136. Lithotripsy
- 137. Coronary angiography
- 138. Haemodialysis
- 139. Radiotherapy for Cancer
- 140. Cancer Chemotherapy

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition/ disease under treatment. Only 24 hours Hospitalization is not mandatory.

Annexure II

List of Expenses Generally excluded in Hospitalisation Policy

S N O.	List of excluded expenses ("Non-Medical") under indemnity Policy -	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable

18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable

58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified

73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	SAVLON	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable-Part of Dressing Charges

89	COTTON BANDAGE	Not Payable-Part of Dressing Charges
90	MICROPOR/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not Payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable

104	CLEAN SHEET	Part of Laundry/House keeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	<i>ADMINISTRATIVE OR NON-MEDICAL CHARGES</i>	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	<i>EXTERNAL DURABLE DEVICES</i>	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable

138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	<i>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</i>	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital

157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable

	<i>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</i>	
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	<i>OTHERS</i>	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable- Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable

196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.